INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (1-145)		
VALIDITY EDITS		
1-145-01 MUST BE NUMERIC.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, SPECIAL RATE CODE, BILL CLASSIFICATION CODE, OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, SPONSOR STATUS, PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, PATIENT COINSURANCE, OVERRIDE CODE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	
[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**		

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COINSURANCE

EDITED ELEMENT RELATIONSHIP

NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		FS	TRICARE FOR LIFE (SECOND PAYOR) **OR**
		MS	TRICARE SENIOR PRIME (NETWORK) **OR**
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
	THEN BYPASS ALL COPAYMENT EDITING.		

1-145-02R	PATIENT COPAYMENT MUST BE ZERO **WHEN**:		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
1-145-03R	PATIENT COPAYMENT MUST BE ZERO **WHEN**:		
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
	UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ ZERO		
1-145-05R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED **WHEN**:		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
		P	PER DIEM RATE AGREEMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		#	HOSPICE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
1-145-06R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) **WHEN**:		
	PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME:	PATIENT COPAYMENT (1-145) (CONTINUED)		
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		#	HOSPICE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS

1-145-09R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), ARMY CAM DEMONSTRATIONS

PATIENT COPAYMENT MUST EQUAL ZERO **UNLESS**

1-145-07R GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BLLING (1) DENIAL REASON CODE)] **WHEN**:

	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		
SPECIAL RATE CODE =		G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
SPONSOR STATUS =		F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR =		T H R Y	FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE =		K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =		F G	ARMY CAM DEMONSTRATIONS
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE

1-140-09R   •   EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

PATIENT COPAYMENT MUST EQUAL ZERO **UNLESS**

1-145-08R   GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN**:

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

SPECIAL RATE CODE =	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER

1   REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME:	PATIENT COPAYMENT (1-145) (CONTINUED)		
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
	IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0, PATIENT COPAYMENT = $0.00.		
1-140-09R	**WHEN** THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R **OR** 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)		
	PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.		
	USE 1-145-07R **OR** 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.		
	NOTE: PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.		
1-145-10R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES TRICARE/CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).		
	PATIENT COPAYMENT MUST EQUAL $0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, **OR** $25.00		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE

¹ **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME:	PATIENT COPAYMENT (1-145) (CONTINUED)		
		MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
1-145-13R	PATIENT COINSURANCE MUST BE ZERO **WHEN**:		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT
	PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	WHEN SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', 'P', BLANK, **OR** 'Q' (TRICARE/CHAMPUS DRG)		
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
	BILL CLASSIFICATION CODE =	1	INPATIENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
		#	HOSPICE
	NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
		K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

1-145-11R • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE, CHAMPUS-DRG, PATIENT IS NEWBORN.

PATIENT COPAYMENT MUST EQUAL $0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) ≤ 0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, **OR** $25.00

	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT

1-145-13R **AND** PATIENT COINSURANCE MUST BE ZERO **WHEN**:

	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM

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ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM	
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION	
	R	RESUBMISSION OF ERROR REJECT	
	O	ZERO PAYMENT WITH 100% OHI/TPL	
	F	ADJUSTMENT NEW SUFFIX	
	G	ADDITIONAL DRG INTERIM BILLING	
OR TYPE OF SUBMISSION =	A	ADJUSTMENT	
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO	
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;			
SPONSOR STATUS =	A	ACTIVE DUTY	
	P	TAMP DESIGNEE	
	B	RECALLED ACTIVE DUTY	
	E	MEPCOM ENLISTEE	
	J	ACADEMY/OCS	
	N	NATIONAL GUARD	
	Q	PRISONER/APPELLATE	
	V	RESERVE	
	T	FOREIGN MILITARY	
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);			
SPECIAL RATE CODE = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q' (TRICARE/CHAMPUS DRG);			
BILL CLASSIFICATION CODE	1	INPATIENT	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT	
	N	CHAMPUS SELECT	
	#	HOSPICE	
	MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE	
NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION	
	K	CATASTROPHIC LOSS	
	U	BENEFICIARY INDEMNIFICATION PAYMENT	
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE	

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

1-145-12R • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE, SUCCESSIVE ADMISSIONS.

PATIENT COPAYMENT MUST BE ≤ GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND

PATIENT COINSURANCE MUST BE ZERO **WHEN**:

PROGRAM INDICATOR =	I	INSTITUTIONAL	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM	
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM	
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM	
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM	
	Q	NEW ORLEANS STANDARD PROGRAM	
	F	TRICARE STANDARD PROGRAM	
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM	
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD	
SPONSOR STATUS =	A	ACTIVE DUTY	
	P	TAMP DESIGNEE	
	B	RECALLED ACTIVE DUTY	
	E	MEPCOM ENLISTEE	
	J	ACADEMY/OCS	
	N	NATIONAL GUARD	
	Q	PRISONER/APPELLATE	
	V	RESERVE	
	T	FOREIGN MILITARY	
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE	
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION	
	R	RESUBMISSION OF ERROR REJECT	
	O	ZERO PAYMENT WITH 100% OHI/TPL	
	F	ADJUSTMENT NEW SUFFIX	
	G	ADDITIONAL DRG INTERIM BILLING	
OR TYPE OF SUBMISSION =	A	ADJUSTMENT	

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:		
	BILL CLASSIFICATION CODE =	1	INPATIENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		#	HOSPICE
		MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
	ONE OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

1-140-14R   PATIENT COST-SHARE MUST BE THE LESSER OF:

a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED, **OR** THE LESSER OF:

b.) 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE) **OR**

c.) 15% OF AMOUNT ALLOWED **WHEN**

	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT

OR
d.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN

	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT

1-145-14R   **OR**
e.) AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE **WHEN**:

	ANY OCCURRENCE OF OVERRIDE CODE =	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME:	PATIENT COPAYMENT (1-145) (CONTINUED)		
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	TRICARE BASIC STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	OR PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE

1-140-16R	COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO.
1-145-16R	COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO
1-145-15R	IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

1-145-18R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS.

PATIENT COPAYMENT MUST EQUAL ZERO **UNLESS**

1-145-17R GOVERNMENT AUTHORIZED BED DAYS TIME THE PSYCH PER DIEM COST-SHARE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN**:

PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPECIAL RATE CODE =	L	REGION-SPECIFIC PSYCH PER DIEM
SPONSOR STATUS =	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	H	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

[1] REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		N	RETROSPECTIVE PAYMENT - INPATIENT MENTAL HEALTH
		T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
		U	BENEFICIARY INDEMNIFICATION PAYMENT

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE.

1-140-18R **WHEN** THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST EQUAL ZERO IF PATIENT COINSURANCE IS NOT ZERO.

NOTE: IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, **OR** THE PSYCH PER DIEM COST-SHARE DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

1-145-23R • EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS (**OR** FORMER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS.

PATIENT COPAYMENT MUST EQUAL ZERO **UNLESS**

1-145-24R GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE OR OTHER APPLICABLE DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN**:

	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME:		PATIENT COPAYMENT (1-145) (CONTINUED)	
	F	ADJUSTMENT NEW SUFFIX	
	G	ADDITIONAL DRG INTERIM BILLING	
OR TYPE OF SUBMISSION =	A	ADJUSTMENT	
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO	
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;			
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);			
SPECIAL RATE CODE =	G	DRG LONG STAY	
	H	DRG SHORT STAY	
	I	DRG COST OUTLIER	
	J	DRG NO OUTLIER	
	M	DISCOUNTED DRG LONG STAY	
	N	DISCOUNTED DRG SHORT STAY	
	O	DISCOUNTED DRG COST OUTLIER	
	Q	DISCOUNTED NO OUTLIER	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS	
SPONSOR STATUS =	F	FORMER MEMBER	
	I	PERMANENTLY DISABLED	
	O	TEMPORARILY DISABLED	
	R	RETIRED	
	H	MEDAL OF HONOR	
	K	DECEASED	
	D	100% DISABLED	
	W	TITLE III RETIREE	
PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE	
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT	
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS	

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT

1-145-25R	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.

PATIENT COPAYMENT MUST EQUAL ZERO **UNLESS** 1-145-26R APPLIES

1-145-26R	GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE IS LESS THAN [20% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE)] **WHEN**:

	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

	SPECIAL RATE CODE =	G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME:	PATIENT COPAYMENT (1-145) (CONTINUED)		
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) $\leq$ 0, PATIENT COPAYMENT = $0.00.		
1-140-25R	**WHEN** THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.		
1-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO **WHEN**:		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
1-145-28R	• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), CHAMPUS SELECT.		
	PATIENT COPAYMENT MUST EQUAL ZERO		
	UNLESS GOVERNMENT AUTHORIZED BED DAYS TIMES THE DAILY RATE IS LESS THAN [15% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES[1], DUPLICATE BILLING (1) DRG NON-REIMBURSABLE (F) DENIAL REASON CODE)] **WHEN**:		
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

		W	TITLE III RETIREE
PROGRAM INDICATOR =		I	INSTITUTIONAL
ENROLLMENT STATUS =		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE =		N	CHAMPUS SELECT
TYPE OF SUBMISSION =		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING (G)
OR TYPE OF SUBMISSION =		A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;			
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);			
SPECIAL RATE CODE =		G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
NO OCCURRENCE OF OVERRIDE CODE =		K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE =		F G	ARMY CAM DEMONSTRATIONS

1-145-29R   PATIENT COPAYMENT MUST = ZERO **WHEN**:

SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY **OR** TAMP DESIGNEE;

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY

1-145-30R PATIENT COPAYMENT MUST EQUAL $0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL GOVERNMENT AUTHORIZED BED DAYS TIMES THE PSYCHIATRIC RATE FOR ACTIVE DUTY WHEN SPECIAL PROCESSING CODE = 'MH'. FOR CARE PRIOR TO 10/01/1995, THE COST-SHARE IS THE DAILY RATE OR $25.00, WHICHEVER IS GREATER. EFFECTIVE FOR CARE ON OR AFTER 10/01/1995, THE INPATIENT COST-SHARING FOR MENTAL HEALTH SERVICES IS $20.00 PER DAY FOR EACH DAY OF INPATIENT ADMISSION. FOR CARE WHICH SPANS FISCAL YEARS, THE COST-SHARE WILL BE CALCULATED BY THE DAILY RATE FOR EACH FISCAL YEAR. THIS EDIT ONLY APPLIES TO ACTIVE DUTY

	WHEN SPECIAL PROCESSING CODE =	MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	SPONSOR STATUS =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		J	ACADEMY STUDENT/NAVY OCS **OR**
		N	NATIONAL GUARD **OR**
		P	TAMP DESIGNEE **OR**
		Q	PRISONER/APPELLATE **OR**
		V	RESERVE

1-145-31R PATIENT COPAYMENT MUST BE ZERO **WHEN**:

	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY **OR**
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

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ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

1-145-32R	• AS OF 04/01/2001 - NO COST-SHARES ARE REQUIREMENT FOR PRIME ACTIVE DUTY FAMILY MEMBERS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COPAYMENT EDITS. IF THE BENEFICIARY IS A PRIME ADFM, THEN THE ONLY PATIENT COPAYMENT EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COPAYMENT IS ZERO).		
	IF BEGIN DATE OF CARE ≥ 04/01/2001		
	AND ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM **OR**
		W	TPR ACTIVE DUTY CLAIMS, USA **OR**
		X	ACTIVE DUTY CLAIMS, EUROPE **OR**
		Z	MANAGED CARE SUPPORT - PRIME, MTF/PCM **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPONSOR STATUS =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR =	b/	SPONSOR **OR**
		C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEPCHILD **OR**
		W	WARD
	AND NO OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	POINT OF SERVICE
	THEN PATIENT COPAYMENT MUST = ZERO		
1-145-38R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE ≠	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

		N	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 **AND** < 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
	AND NO OCCURRENCE OF SPECIAL PROCESSING CODE CAN =	PO	POINT OF SERVICE
	AND NO PROGRAM INDICATOR CAN =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	AND PATIENT COPAYMENT MUST = ZERO		
1-145-39R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**

[1] REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED)

	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
THEN END DATE OF CARE IS ≥ 10/30/2000 **AND** < 09/01/2002		
AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
	B	RECALLED TO ACTIVE DUTY **OR**
	N	NATIONAL GUARD **OR**
	V	RESERVE'
AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
	S	SPOUSE **OR**
	V	STEP CHILD **OR**
	W	WARD
AND NO OCCURRENCE OR SPECIAL PROCESSING CODE CAN =	PO	POINT OF SERVICE
AND NO PROGRAM INDICATOR CAN =	H	PROGRAM FOR PERSONS WITH DISABILITIES
AND PATIENT COPAYMENT MUST = ZERO		

[1] **REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155)		
VALIDITY EDITS		
1-155-01	MUST BE NUMERIC.	

RELATIONAL EDITS		
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, ENROLLMENT STATUS, PROGRAM INDICATOR, FILING DATE, AMOUNT PAID BY OHI, AMOUNT OF TPL
DRG NUMBER	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
ENROLLMENT STATUS	SEE BELOW	AMOUNT PAID BY OHI, AMOUNT OF TPL, PROGRAM INDICATOR, TYPE OF SUBMISSION
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP		
NO ERROR IF SPECIAL PROCESSING CODE =	MS	TRICARE SENIOR PRIME (NETWORK)
	MN	TRICARE SENIOR PRIME (NON-NETWORK)
BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING		
1-155-02R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN:**	
TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
	O	ZERO PAYMENT WITH 100% OHI/TPL
OR TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION WITH FILING DATE
WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		

[1] **IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

1-155-04R   EDIT FOR [CHAMPUS-DRG, OR NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM, NO OHI/TPL]

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO **WHEN**:

TYPE OF SUBMISSION =		A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-HCSR DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	CANCELLATION OF NON-HCSR DATA
AND REASON FOR ADJUSTMENT =		D	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) **OR**
		E	ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) **OR**
		F	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ZERO ≥ **WHEN**

TYPE OF SUBMISSION =		A	ADJUSTMENT
		B	ADJUSTMENT TO NON-HCSR DATA
AND REASON FOR ADJUSTMENT =		A	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) **OR**
		B	ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) **OR**
		C	ADJUSTMENTS DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)

1-155-05R   (STATE-DRG OR NO OHI/TPL.)

IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO
   OR AMOUNT OF THIRD PARTY LIABILITY > ZERO
      THEN BYPASS EDIT

ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**:

TYPE OF SUBMISSION =		A	ADJUSTMENT **OR**
		C	CANCELLATION **OR**
		F	ADJUSTMENT TO NEW SUFFIX **OR**
		G	ADDITIONAL DRG INTERIM BILLING **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OR ERROR REJECT
AND SPECIAL RATE CODE =		b̸	NO SPECIAL RATE **OR**

[1]   **IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)	
	F	DRG NO DISCOUNT **OR**
	G	DRG LONG STAY **OR**
	H	DRG SHORT STAY **OR**
	I	DRG COST OUTLIER **OR**
	J	DRG NO OUTLIER **OR**
	K	HOSPITAL-SPECIFIC PSYCH PER DIEM **OR**
	L	REGION-SPECIFIC PSYCH PER DIEM **OR**
	M	DISCOUNTED DRG LONG STAY **OR**
	N	DISCOUNTED DRG SHORT STAY **OR**
	O	DISCOUNTED DRG COST OUTLIER **OR**
	Q	DISCOUNTED DRG NO OUTLIER

1-155-06R EDIT FOR CLAIMS WITH OHI AND TPL.

IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO
    THEN BYPASS EDIT

ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE EQUAL TO OR LESS THAN BOTH THE AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)
    AND (AMOUNT BILLED) **WHEN**

TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
	C	CANCELLATION **OR**
	G	ADDITIONAL DRG INTERIM BILLING **OR**
	I	INITIAL SUBMISSION **OR**
	R	RESUBMISSION OF ERROR REJECT **OR**
	O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
	F	ADJUSTMENT NEW SUFFIX

1-155-08R EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1$^\cent$ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL:

NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY REVENUE CODE FOR REVENUE CODES SPECIFIED AS ANESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/ PSYCHOLOGICAL TREATMENT (900-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (916, 918-919), PROFESSIONAL FEES (960-969, 971-979, 981-988)), PLUS

THE AFTER DISCOUNT RATE

96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT (A)

97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT (B),

98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT (C),

99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT (E)

[1] **IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)

TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES]) **WHEN**:

	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	CANCELLATION **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		G	ADDITIONAL DRG INTERIM BILLING **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OF ERROR REJECT
	AND PROGRAM INDICATOR =	I	INSTITUTIONAL
	AND ENROLLMENT STATUS =	F	FI STANDARD PROGRAM **OR**
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM **OR**
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM **OR**
		Q	NEW ORLEANS STANDARD PROGRAM **OR**
		S	CRI STANDARD PROGRAM **OR**
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO;		
	AMOUNT OF THIRD PARTY LIABILITY = ZERO;		
	SPECIAL RATE CODE =	A	DRG 4% DISCOUNT **OR**
		B	DRG 3% DISCOUNT **OR**
		C	DRG 2% DISCOUNT **OR**
		E	DRG 1% DISCOUNT
1-155-10R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO		
	WHEN DRG NUMBER IS 469 **OR** 470		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		G	ADDITIONAL DRG INTERIM BILLING **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OF ERROR REJECT

[1] **IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED)			
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO		
	WHEN DRG NUMBER IS 469 **OR** 470		
	AND TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA **OR**
		E	CANCELLATION NON-HCSR DATA
1-155-11R	IF ALL DETAIL OCCURRENCES ARE DENIED AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = ZERO **WHEN**:		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		G	ADDITIONAL DRG INTERIM BILLING **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OF ERROR REJECT
	ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA **OR**
		E	CANCELLATION NON-HCSR DATA
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.		

[1] **IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**